

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10 593442</div>	FILING DATE
APPLICANT(S)		

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	12	←	10	←		←
TOTAL CLAIMS	16		14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						